

	Partial, street name, or code name reported		
		0	Data not collected

TRANSLATION ASSISTANCE NEEDED? [Head of Household]			
0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected

IF "YES" TO TRANSLATION ASSISTANCE NEEDED – INDICATE PREFERRED LANGUAGE			
0	Spanish	0	Italian
0	Chinese	0	Japanese
0	Arabic	0	Russian
0	Cantonese	0	Korean
0	French	0	Somali
0	Haitian	0	Swahili
0	German	0	Ukrainian
0	Hebrew	0	Yoruba
0	American Sign Language	0	Jamaican Patois
0	Hawaiian	0	Swedish
0	Different Preferred Language (<i>specify</i>):	0	Client doesn't know
		0	Client prefers not to answer
		0	Data not collected

GENDER [ALL CLIENTS]

0	Woman (Girl if Child)	0	Client doesn't know
0	Man (Boy if Child)	0	Client prefers not to answer
0	Non-Binary	0	Data not collected
0	Transgender		
0	Questioning		
0	Culturally Specific Identity (e.g., Two-Spirit)		
0	Different Identity (please specify):		

RACE & ETHNICITY (Select all applicable) [All Clients]

0	American Indian, Alaska Native, or Indigenous	0	White
0	Asian or Asian American	0	Client does not know
0	Black, African American, or African	0	Client prefers not to answer
0	Native Hawaiian or Pacific Islander	0	Data Not Collected
0	Hispanic/Latina/e/o		
0	Middle Eastern of North African		
0	Additional Race and Ethnicity Detail:		

RELATIONSHIP TO HEAD OF HOUSEHOLD [All Client Households]

0	Self		
0	Head of household's child	0	Head of household - other relation to member

<input type="checkbox"/>	Head of household's spouse or partner	<input type="checkbox"/>	Other: non*-relation member
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IS CLIENT AN ADULT OR HEAD OF HOUSEHOLD? [All Client Households]

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

IN PERMANENT HOUSING [Permanent Housing Projects, for Head of Households]

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
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IF "YES" TO PERMANENT HOUSING

Housing Move-In Date: <i>[Complete Housing Move-In Date When Client Moves Into Permanent Housing Unit]</i>	____/____/____
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WHEN CLIENT WAS ENGAGED

[Complete Date of Engagement When Client Has Been Engaged – Street Outreach Projects, for Adults & Head of Households]

Date of Engagement:	____/____/____
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PRIOR LIVING SITUATION

TYPE OF RESIDENCE

[Head of Household and Adults Only]

<input type="checkbox"/>	Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport, or anywhere outside)	<input type="checkbox"/>	Hotel or motel paid for without emergency shelter voucher
<input type="checkbox"/>	Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home shelter	<input type="checkbox"/>	Host Home (non-crisis)
<input type="checkbox"/>	Safe Haven	<input type="checkbox"/>	Staying or living in a friend's room, apartment, or house
<input type="checkbox"/>	Foster care home or foster care group home	<input type="checkbox"/>	Staying or living in a family member's room, apartment or house
<input type="checkbox"/>	Hospital or other residential non-psychiatric medical facility	<input type="checkbox"/>	Rental by client, no ongoing housing subsidy
<input type="checkbox"/>	Jail, prison or juvenile detention facility	<input type="checkbox"/>	Rental by client, with ongoing housing subsidy
<input type="checkbox"/>	Long-term care facility or nursing home	<input type="checkbox"/>	Owned by client, with on-going housing subsidy
<input type="checkbox"/>	Psychiatric hospital or other psychiatric facility	<input type="checkbox"/>	Owned by client, no on-going housing subsidy
<input type="checkbox"/>	Substance abuse treatment facility or detox center	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Transitional housing for homeless persons (including homeless youth)	<input type="checkbox"/>	Client prefers not to answer
<input type="checkbox"/>	Residential project or halfway house with no homeless criteria	<input type="checkbox"/>	Data not collected

IF "RENTAL BY CLIENT, WITH ONGOING HOUSING SUBSIDY" – SPECIFY:

<input type="checkbox"/>	GPD TIP housing subsidy	<input type="checkbox"/>	Emergency Housing Voucher
<input type="checkbox"/>	VASH Housing subsidy	<input type="checkbox"/>	Family Unification Program Voucher (FUP)
<input type="checkbox"/>	RRH or equivalent subsidy	<input type="checkbox"/>	Foster Youth to Independence Initiative (FYI)

<input type="checkbox"/>	HCV voucher (tenant or project based) (not dedicated)	<input type="checkbox"/>	Permanent Supportive Housing
<input type="checkbox"/>	Public Housing Unit	<input type="checkbox"/>	Other permanent housing dedicated for formerly homeless persons
<input type="checkbox"/>	Rental by client, with other ongoing housing subsidy		

LENGTH OF STAY IN PRIOR LIVING SITUATION					
<input type="checkbox"/>	One night or less	<input type="checkbox"/>	One month or more, but less than 90 days	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Two to six nights	<input type="checkbox"/>	90 days or more, but less than one year	<input type="checkbox"/>	Client prefers not to answer
<input type="checkbox"/>	One week or more, but less than one month	<input type="checkbox"/>	One year or longer	<input type="checkbox"/>	Data not collected

LENGTH OF STAY LESS THAN 7 NIGHTS [TH, PH]

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
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LENGTH OF STAY LESS THAN 90 DAYS

[Institutional Housing Situations]

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
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ON THE NIGHT BEFORE - STAYED ON THE STREETS, ES, SAFE HAVEN [Head of Household and Adults]

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Approximate Date this Episode of Homelessness Started		____/____/____	
Number of <i>times</i> the client has been on the streets, ES, or Safe Haven in the last 3 years			
<input type="checkbox"/>	One Time	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Two Times	<input type="checkbox"/>	Client prefers not to answer
<input type="checkbox"/>	Three Times	<input type="checkbox"/>	Data not collected
<input type="checkbox"/>	Four or More Times		
Total Number of <i>Months</i> homeless on the streets, ES, or Safe Haven in the last 3 years			
<input type="checkbox"/>	One month (this time is the first month)	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	2-12 months (specify number of months): _____	<input type="checkbox"/>	Client prefers not to answer
<input type="checkbox"/>	More than 12 months	<input type="checkbox"/>	Data not collected

Disabling Conditions and Barriers

DISABLING CONDITION [All Clients]

<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>		<input type="checkbox"/>	Client prefers not to answer
<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client prefers not to answer
<input type="checkbox"/>		<input type="checkbox"/>	Data not collected

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?		Yes	Client prefers not to answer
			Data not collected

DEVELOPMENTAL DISABILITY [All Clients]

No		Client doesn't know
Yes		Client prefers not to answer
		Data not collected

CHRONIC HEALTH CONDITION [All Clients]

No		Client doesn't know
Yes		Client prefers not to answer
		Data not collected

IF "YES" TO CHRONIC HEALTH CONDITION – SPECIFY

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	No	Client doesn't know
	Yes	Client prefers not to answer
		Data not collected

MENTAL HEALTH DISORDER [All Clients]

No		Client doesn't know
Yes		Client prefers not to answer
		Data not collected

IF "YES" TO MENTAL HEALTH DISORDER – SPECIFY

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	No	Client doesn't know
	Yes	Client prefers not to answer
		Data not collected

SUBSTANCE USE DISORDER [All Clients]

No		Both alcohol and drug use disorders
Alcohol use disorder		Client doesn't know
		Client prefers not to answer
Drug use disorder		Data not collected

IF "ALCOHOL USE DISORDERS" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE DISORDERS" – SPECIFY

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	No	Client doesn't know
	Yes	Client prefers not to answer
		Data not collected

SURVIVOR OF DOMESTIC VIOLENCE [*Head of Household and Adults*]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know		
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer		
		<input type="radio"/>	Data not collected		
IF "YES" TO SURVIVOR OF DOMESTIC VIOLENCE – SPECIFY WHEN EXPERIENCE OCCURRED					
WHEN EXPERIENCE OCCURRED					
<input type="radio"/>	Within the past three months	<input type="radio"/>	One year ago or more		
<input type="radio"/>	Three to six months ago (excluding six months exactly)	<input type="radio"/>	Client doesn't know		
		<input type="radio"/>	Client prefers not to answer		
<input type="radio"/>	Six months to one year ago (excluding one year exactly)	<input type="radio"/>	Data not collected		
Are you currently fleeing?		<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
				<input type="radio"/>	Data not collected

MONTHLY INCOME AND SOURCES

INCOME FROM ANY SOURCE [*Head of Household and Adult*]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know		
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer		
		<input type="radio"/>	Data not collected		
IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY					
Income Source		Amount	Income Source		Amount
<input type="radio"/>	Earned Income		<input type="radio"/>	TANF (Temporary Assist for Needy Families)	
<input type="radio"/>	Unemployment Insurance		<input type="radio"/>	General Assistance (GA)	
<input type="radio"/>	Supplemental Security Income (SSI)		<input type="radio"/>	Retirement Income from Social Security	
<input type="radio"/>	Social Security Disability Insurance (SSDI)		<input type="radio"/>	Pension or retirement income from former job	
<input type="radio"/>	VA Service-Connected Disability Compensation		<input type="radio"/>	Child Support	
<input type="radio"/>	VA Non-Service Connected Disability Pension		<input type="radio"/>	Alimony and other spousal support	
<input type="radio"/>	Private disability insurance		<input type="radio"/>	Other income source (<i>specify</i>):	
<input type="radio"/>	Worker's Compensation				
Total monthly income for Individual:					

RECEIVING NON-CASH BENEFITS [*Head of Household and Adults*]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected
IF "YES" TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY			
<input type="radio"/>	Supplemental Nutrition Assistance Program (SNAP)	<input type="radio"/>	TANF Childcare Services
<input type="radio"/>	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	<input type="radio"/>	TANF Transportation Services

0	Other (specify):	0	Other TANF-funded services
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COVERED BY HEALTH INSURANCE [All Clients]

0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected

IF "YES" TO HEALTH INSURANCE - HEALTH INSURANCE COVERAGE DETAILS

0	MEDICAID	0	Employer Provided Health Insurance
0	MEDICARE	0	Insurance Obtained through COBRA
0	State Children's Health Insurance (SCHIP)	0	Private Pay Health Insurance
0	Veteran's Health Administration (VHA)	0	State Health Insurance for Adults
0	Other (specify)	0	Indian Health Services Program

SEXUAL ORIENTATION [Adults and Head of Households]

0	Heterosexual	0	Other
0	Gay	<i>If Other, please specify:</i>	
0	Lesbian	0	Client doesn't know
0	Bisexual	0	Client prefers not to answer
0	Questioning/Unsure	0	Data not collected

SCHOOL STATUS [Adults and Head of Households, All program types except Street Outreach]

0	Attending school regularly	0	Suspended
0	Attending school irregularly	0	Expelled
0	Graduate from high school	0	Client doesn't know
0	Obtained GED	0	Client prefers not to answer
0	Dropped out	0	Data not collected

LAST GRADE COMPLETED [Adults and Head of Households, All program types except Street Outreach]

0	Less than Grade 5	0	Associate Degree
0	Grades 5-6	0	Bachelor's Degree
0	Grades 7-8	0	Graduate Degree
0	Grades 9-11	0	Vocational certification
0	Grade 12	0	Client doesn't know
0	School does not have grade levels	0	Client prefers not to answer
0	GED	0	Data not collected
0	Some college		

GENERAL HEALTH STATUS [Adults and Head of Households, All program types except Street Outreach]

0	Excellent	0	Poor
0	Very good	0	Client doesn't know
0	Good	0	Client prefers not to answer
0	Fair	0	Data not collected

DENTAL HEALTH STATUS *[Adults and Head of Households, All program types except Street Outreach]*

0	Excellent	0	Poor
0	Very good	0	Client doesn't know
0	Good	0	Client prefers not to answer
0	Fair	0	Data not collected

MENTAL HEALTH STATUS *[Adults and Head of Households, All program types except Street Outreach]*

0	Excellent	0	Poor
0	Very good	0	Client doesn't know
0	Good	0	Client prefers not to answer
0	Fair	0	Data not collected

PREGNANCY STATUS *[Adults and Head of Households]*

0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected

IF "YES" for Pregnancy Status

Due Date	____/____/____
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FORMERLY A WARD OF CHILD WELFARE/FOSTER CARE AGENCY*[Adults and Head of Households, All program types except Street Outreach]*

0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected

If "Yes" for Formerly a Ward of Child Welfare/Foster Care Agency

0	Less than one year	0	3 to 5 years or more
0	1 to 2 years		
If "Less than one year" – Number of months			

FORMERLY A WARD OF JUVENILE JUSTICE SYSTEM*[Adults and Head of Households, All program types except Street Outreach]*

0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected

If "Yes" for Formerly a Ward of Juvenile Justice System

0	Less than one year	0	3 to 5 years or more
0	1 to 2 years		
If "Less than one year" – Number of months			

YOUTH EDUCATION STATUS**CURRENT SCHOOL ENROLLMENT AND ATTENDANCE**

0	Not currently enrolled in any school or educational course	0	Client prefers not to answer
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<input type="radio"/>	Currently enrolled but NOT attending regularly (when school or the course is in session)	<input type="radio"/>	Data not collected
<input type="radio"/>	Currently enrolled and attending regularly (when school or the course is in session)		
<input type="radio"/>	Client doesn't know		

MOST RECENT EDUCATIONAL STATUS

<input type="radio"/>	K12: Graduated from high school	<input type="radio"/>	Higher Education: Dropped out
<input type="radio"/>	K12: Obtained GED	<input type="radio"/>	Higher Education: Obtained a credential/degree
<input type="radio"/>	K12: Dropped out	<input type="radio"/>	Client doesn't know
<input type="radio"/>	K12: Suspended	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	K12: Expelled	<input type="radio"/>	Data not collected
<input type="radio"/>	Higher Education: Pursuing a credential but not currently attending		

Current Educational Status

<input type="radio"/>	K12: Graduated from high school	<input type="radio"/>	Higher Education: Dropped out
<input type="radio"/>	K12: Obtained GED	<input type="radio"/>	Higher Education: Obtained a credential/degree
<input type="radio"/>	K12: Dropped out	<input type="radio"/>	Client doesn't know
<input type="radio"/>	K12: Suspended	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	K12: Expelled	<input type="radio"/>	Data not collected
<input type="radio"/>	Higher Education: Pursuing a credential but not currently attending		

PRONOUNS [All Clients]

<input type="radio"/>	She/Her/Hers	<input type="radio"/>	Client doesn't know
<input type="radio"/>	He/Him/His	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	They/Them/Theirs	<input type="radio"/>	Data not collected
<input type="radio"/>	Manual Entry:		

Contact Information

Contact Type											
Email											
Phone (#1)											
Phone (#2)											
Active Contact	<input type="radio"/>	Yes						<input type="radio"/>	No		
Private	<input type="radio"/>	Yes						<input type="radio"/>	No		
Contact Date											

Note	
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Zip code of Last known Address _____

Signature of applicant stating all information is true and correct **Date**